

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 16, 2017

Ms. Lina Metivier, Manager  
Metivier Residential Care Home  
27 Brooklyn Street  
Barre, VT 05641

Dear Ms. Metivier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 17, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief



## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/17/2017
NAME OF PROVIDER OR SUPPLIER  METIVIER RESIDENTIAL CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 27 BROOKLYN STREET BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced, on-site investigation of a self reported event was conducted by the Division of Licensing and Protection on 01/17/2017. There were regulatory findings identified with the investigation.	R100			
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 General Care  5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.  This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the community care home failed to assure that 1 of 1 residents sampled had a treatment list that was consistent with the physician's orders (Resident # 1). The specifics are as follows:  Per medical record review, Resident # 1 was readmitted to the home on 3/27/2016 after a hospitalization for respiratory issues. The discharge orders include continuous oxygen at 2 liters/ minute. The April Medications Administration Record (MAR) indicates that O2 is to be administered at a rate of 1.5 l/minute. The documentation in the daily community care home log book reflects that when O2 saturation levels were monitored, Resident # 1 had the oxygen flow meter set at 2 liters/ minute. This is confirmed during interview with the manager at 11:00 am.	R128	<p>To ensure that Dr Orders are up to date and accurate - All Dr orders will be checked weekly by me (R.N.) and reviewed by the Manager.</p> <p>Also - To ensure that the record keeping is accurate and being followed I will provide specific places for documentation and</p>		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lura Metivier

02/06/17

STATE FORM

6880

OQJK11

If continuation sheet 1 of 2

R128 + R149 POCs accepted 2/16/17 Coleman RNF/ PM

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 01/17/2017
NAME OF PROVIDER OR SUPPLIER  METIVIER RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 27 BROOKLYN STREET BARRE, VT 05641			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R149	Continued From page 1	R149			
R149 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (6)</p> <p>Maintain a current list of all treatments for each resident that shall include: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out;</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interviews, the community care home failed to maintain a current list of all treatments that include the name, date the treatment was ordered, the frequency prescribed and the documentation to reflect that the treatment was carried out for 1 of 1 sampled resident (Resident # 1). The specifics are detailed below:</p> <p>Per medical record review, Resident # 1 was readmitted to the home on 3/27/2016 after a hospitalization for respiratory issues. The discharge orders include checking his/her oxygen saturation level (O2 sat) 3 times per day. The documentation on the treatment administration (TAR) and the medication administration (MAR) does not reflect that oxygen saturations are to be monitored 3 times a day. Staff report that Resident # 1 often refused to have this done, but they indicate that his/her refusals are not documented.</p> <p>This is confirmed during interview with the manager at 11:00 am.</p>	R149	<p><i>provide the staff with the information needed to follow the Dr.'s orders and to document in the proper place with the required information.</i></p> <p><i>L. Conroy RN 2/14/17</i></p> <p><i>above changes will occur immediately or so</i></p>		